



DEPARTMENT OF THE NAVY

BUREAU OF MEDICINE AND SURGERY
2300 E STREET NW
WASHINGTON DC 20372-5300

IN REPLY REFER TO

5430

Ser M1/06UM1119

31 JAN 2006

MEMORANDUM FOR NAVY MEDICINE EAST
NAVY MEDICINE WEST
NAVY MEDICINE NATIONAL CAPITAL AREA
NAVY MEDICINE SUPPORT COMMAND

SUBJECT: Business Rules and Guidelines for Implementing
Standard Organization Structures for Navy Medicine Activities

Reference: (a) BUMED Instruction 5430.7A

This memorandum provides policy and guidance for implementation of Standard Organization Structures at Navy medicine activities as outlined in reference (a).

1. Reference (a) states: "Commanding Officer's will ensure their organizational structure is aligned with the guidance". Reference (a) enclosure (1) appendix (a) contains the authorized organization codes to be used by all BUMED activities.

2. All NAVMED Commands using SPMS will be in compliance with the organizational structure guidance of this instruction no later than 30 September 2006 and will not deviate from this structure without prior approval from Chief, BUMED.

a. Navy medicine activities can be divided into nine categories based on size and function:

(1) Naval Medical Center (NMC) - Major teaching hospitals with multiple residency training programs and tertiary care. Their size and complexity require organizations with several directors and provide a wide scope of services.

NNMC BETHESDA NMC SAN DIEGO NMC PORTSMOUTH

(2) Naval Hospital Family Practice Teaching facility (NHFPT) - Medium-sized hospitals with multiple specialty services that also have a family practice residency training program. The organizational structure shall vary based on the size and scope of services.

NH BREMERTON	NH CAMP LEJUENE
NH CAMP PENDLETON	NH JACKSONVILLE
NH PENSACOLA	

(3) Naval Hospital (NH) - Medium-sized hospital with multiple specialty services and provides inpatient care (with no residency training programs). Specialty services are provided, but limited.

NH CORPUS CHRISTI	NH KEFLAVIK
NH SIGONELLA	NH CHERRY POINT
NH BEAUFORT	NH 29 PALMS
NH GUANTANAMO BAY	NH LEMOORE
NH NAPLES	NH OAK HARBOR
NH ROTA	NH GUAM
NH CHARLESTON	NH YOKOSUKA
NH GREAT LAKES	NH OKINAWA

(4) Naval Health Clinic (NHC) - Small-sized facility not providing inpatient care and has limited specialty services.

NHC ANNAPOLIS	NHC LONDON
NHC PATUXENT RIVER	NHC PEARL HARBOR
NHC QUANTICO	NHC EVERETT
NHC NEW ENGLAND	

(5) Branch Health Clinic (BHC) - Branch clinic that has either medical or medical and dental capabilities. It is subordinate to a larger HTF and due to small scope there are no directors assigned.

NBHC QUANTICO TBS (CORE COMP)	NBHC BANCROFT HALL
NBHC WASHINGTON NAVY YARD	NBHC NAEC LAKEHURST
NBHC NAS WILLOW GROVE	NBHC DAHLGREN
NBHC INDIAN HEAD	NBHC ANDREWS AFB
NBHC OCEANA	NBHC LITTLE CREEK
NBHC NORFOLK NSY	NBHC YORKTOWN
NBHC CHESAPEAKE NW NSGA	NBHC DAM NECK
NBHC PENSACOLA NATTC	NBHC PENSACOLA NAS
NBHC MILTON WHITING FIELD	NBHC MERIDIAN
NBHC PENSACOLA NAVTECHTRACEN	NBHC GULFPORT
NBHC PANAMA CITY	NBHC PASCAGOULA
NBHC MID - SOUTH NSA	NBHC BELLE CHASE NAS
NBHC GREAT LAKES NTC	NBHC GREAT LAKES NCTC
NBHC GREAT LAKES NCTC INPR	NBHC JACKSONVILLE NAS
NBHC MAYPORT FL	NBHC KEY WEST FL
NBHC ALBANY GA	NBHC ATHENS GA
NBHC ATLANTA (MARIETTA) GA	NBHC NORTH ISLAND NAS
NBHC CORONADO	NBHC SAN DIEGO NTC
NBHC SAN DIEGO MCRD	NBHC EL CENTRO
NBHC SAN DIEGO NAVSTA	NBHC FORT WORTH JRB
NBHC KINGSVILLE	NBHC INGLESIDE
NBHC PORTSMOUTH NH	NBHC NAS BRUNSWICK
NBHC SARATOGA SPRINGS	NBHC BAHRAIN

NBHC CHINA LAKE NAVAIRWARCTR	NBHC BEAUFORT MCAS
NBHC PARRIS ISLAND MCRD	NBHC NAS FALLON
NBHC GAETA	NBHC LA MADDALENA
NBHC ST. MAWGAN	NBHC CHARLESTON WPNSTA
NBHC POINT MAGU NAS	NBHC PUGET SOUND NSYD
NBHC BANGOR WA SUBASE	NBHC EASTPAC NAVCAMS
NBHC COMFLEACT SASEBO	NBHC ATSUGI NAF
NBHC CAMP SMITH, PEARL HARBOR	
NBHC NAVAL WEAPONS STATION COLTS NECK EARLE	
NBHC NORFOLK NAVSTA (SEWELLS POINT)	
NBHC GROTON	NBHC KINGS BAY
NBHC NEWPORT	NBNHC PORT HUENEME
NBHC NEW ORLEANS	
NBHC WALLOPS ISLAND	NBHC CARDEROCK
NBHC NRL WASHINGTON	NBHC SUGAR GROVE
NBHC YUMA	NBHC NUWC KEYPORT WA
NBHC MECHANICSBURG	NBHC MCAS MIRAMAR
NBHC NAVSUPPACT EAST BANK	NBHC CAPODICHINO
NBHC NAVSUPPACT SOUDA BAY	NBHC MCAS NEW RIVER
NBHC CAMP GEIGER MCB	NBHC WAYNE CARON MCB
NBHC CAMP JOHNSON MCB	NBHC FRENCH CREEK MCB
NBHC SEAL BEACH	NBHC MCB CAMP PENDLETON
NBHC BARSTOW	NBHC BRIDGEPORT CA
NBHC CAMP DELMAR MCB	NBHC CORCEN MCB
NBHC NAVSTA GUAM	NBHC NSY PEAL HARBOR
NBHC MCAS KANEOHE BAY	NBHC IWAKUNI
NBHC YOKOHOMA	NBHC MCAS H, FUTEMA
NBHC WHITE BEACH OKINAWA	NBHC EVANS/CAMP FOSTER
NBHC CAMP KINSER	NBHC CAMP HANSEN
NBHC MCB CAMP COURTNEY JAPAN	NBHC ARLINGTON ANNEX
NBHC MCB CAMP SCHWAB OKINAWA	
NBHC PHILADELPHIA NAVAL BUSINESS CENTER	
NBHC CORFAC MCB CAMP LEJEUNE	
NBHC OCS QUANTICO (CC NAVMEDCL)	
NBHC USAFS TORII STATION OKINAWA	

(6) Naval Dental Centers (NDC) - Full range of dental specialty services available and with multiple branch dental clinics {BDCs}. Their large size and complexity require organizations with several directors. All Greenside

NDC CAMP LEJEUNE	NDC CAMP PENDLETON
NDC OKINAWA	

(7) Branch Dental Clinic (BDC) - Branch clinic that has only dental capabilities. It is subordinate to a NDC and due to small scope there are no directors assigned.

NBDC MIDLANT	NBDC SW SAN DIEGO
--------------	-------------------

NBDC 9th MCDIST KC
NBDC MCLSB BARSTOW

NBDC PGSCH MONTEREY

b. Mission Specific (MS) Commands. These are Commands that have specific missions in support of Navy Medicine's overall mission.

3. All activities will use the Standard Naming Conventions and Standard Organization Codes contained in reference (a) enclosure (1) appendix (a). Changes to Standard Organization Codes or Naming Conventions must be approved by Chief, BUMED prior to implementation

4. The following information is provided as guidance for construction of ten position organizational codes in accordance with reference (a) enclosure (1) appendix (a).

a. The first two positions of the ten position code will identify the Directorate, positions 3 and 4 will identify the department, position 5 and 6 will identify the division and positions 7 through 10 will be used to create a peacetime organizational hierarchy. For Example:

Org Code for Dir Administration, Human Resources Department, POMI Division:

09HRYP0000
09 - Directorate - Dir Administration
HR - Department - Human Resource
YP - Division - POMI/Operational Readiness
0000 - Define this code as a Header record in TFFMS and on the AMD.

b. The org code for the first billet under the POMI division would be 09HRYP0005. The last four positions identify the billet hierarchy 0005 through 9995 at increments of five. In the example below Header records are identified as record Type "A", Billet records are record Type "B" and CUIC billets are highlighted.

	REC				
UIC	TYPE	BSC	BIN	TITLE	ORG CODE
68907	A	00100	0161466	COMMAND SUITE	00FO000000
68907	B	00120	0161467	OIC SHR ACT/ADDU TO 03030/00060	00FO000005
68907	B	00125	1307444	SECRETARY(STENO/OA)	00FO000010
68907	B	08005	0161489	HS DPTH/DOIC	00FO000015
68907	A	02000	3254492	ACOS HUMAN RESOURCES	01F9000000

68907	B	020103228136	BUMED SENIOR ANALYST	01F9000005
68907	B	020201307455	MANAGEMENT ANALYST	01F9000010
68907	B	022301307456	MANAGEMENT ANALYST	01F9000015
68907	B	022403327018	MANAGEMENT ANALYST	01F9000020
12345	B	054500170827	CORPSMAN	01F9000025
68907	A	010000161469	POMI	01F9P00000
68907	B	030352889881	POMI/HEAD CONTINGENCY	01F9P00005
54321	B	067550841832	CORPSMAN/POMI	01F9P00010
68907	B	022500872783	CORPSMAN/ANALYST	01F9P00015

c. Component UIC billets are aligned with org codes that displays the billet organizationally where the workload is being preformed on a day to day basis not that of the CUIIC alignment. CUIIC billet wartime alignment is based solely on UIC/BSC. Matching the skill of the billet to the appropriate organization where the peacetime effort is concentrated eliminates the need for a CUIIC reserve place holder in the core facility. A cleanup effort of unfunded SELRES billets will be conducted after implementation of Standard Organization structure is complete.

d. With standard organizational naming and standard application of business rules all Navy medicine activities will be able to be viewed and assessed in a fair and consistent manner with regard to peacetime and readiness personnel resources and their utilization.

5. All Directorate, Department and Division organizational codes can be found in reference (a) enclosure (1) appendix (a). Not all Directorate Codes are mandatory; activities will align their functions according to the department and division tables. Directorates will be built using the business rule of 2 departments with a minimum of 10 positions to make up a department. Departments may be subdivided into divisions providing the division meets the ten position rule. Once the department/division alignment is built select the appropriate directorate from the corresponding directorate table.

For example: Naval Hospital Anywhere does not meet the business rule to support a Dir, Quality Management, in this instance, the associated functions could be aligned in a Quality Management Department under the Command Suite with any associated divisions from the division table. Activities may not deviate from the available selections without approval from BUMED M1.

a. An organization code will be created for each Directorate. A directorate must have 2 subordinate departments that meet the above business rules No single Department or

Division org code will be smaller than ten positions. The only exception is where a type 1 or type 2 provider billet with that subspecialty is authorized.

(1) NMC'S, NHFPT'S AND NH'S will have a Director for Dental Services. The Dental Directorate will have authority to direct and manage dental corps assets within the core facility and at branch clinics collocated with the parent command (same manpower UIC as parent) to meet the organization's mission. Dental assets which align with the mission of Surgical Services Directorate as in the case of the Oral Maxillofacial Surgery/Hospital Dentistry Department will be under the authority of the Director Surgical Services. The Director Dental Services will work in collaboration with the Director of Surgical Services and Branch Clinic OIC's to optimize services throughout the command, and will function as an advisor for career development and establish standards for professional practice for all dental assets.

(2) The Director Branch Clinics/Primary Care will have authority to direct and manage medical corps Primary Care assets within the command and at branch clinic's collocated with the parent command (same manpower UIC as Parent) to meet the organizations mission. The Director will work in collaboration with Branch Clinic OIC's to optimize services throughout the command and will function as an advisor for career development and establish standards for professional practice for all Branch Clinic Medical assets.

b. Each Branch Clinic (BHC, BMC, or BDC) at a minimum must have at least one of the following departments: Primary Care, Family Practice, Occupational Medical, or Dental. A Branch Clinic that has two or more departments shall also have an Administrative department.

c. Branch Clinics will not have clinical or ancillary departments identified on their command's AMD unless there is an authorized billet for a provider (or direct care professional) with that specialty such as Orthopedics, Internal Medicine, Pharmacist, Radiologist, or Medical Technologist assigned to that Branch Clinic.

6. Reference (a) enclosure (1) appendix (a) has values listed in each box which represent what type of activity can have which departments under which directorate and what divisions fall into which departments. The key to those values is listed on the last page of the enclosure.

7. Organization codes will be reconciled against the Cost Accounting Dictionary annually during the fiscal year shift in the BUMED accounting systems. BUMED M8 will provide NMSC with a copy of the CAD who will reconcile it with the TFMMS database and provide M1, M3 and M8 with a change incorporation list.

8. Coding rules for APVs (4th level MEPRS code 5, 6, and 7).

- If a sub-specialist is assigned to a generalist billet then code as a generalist.
- If a generalist is assigned to a subspecialty billet then code as a sub-specialist.
- If a sub-specialist performs APVs, report workload as subspecialty

9. These Organizational Codes will also be used in SPMS beginning in FY 07. SPMS uses seven character Organizational Codes for two purposes: assigning personnel and reporting labor. The Organizational Codes that will be used on the command's AMD, as described in this instruction, are ten characters. To use these codes in SPMS, only use the first seven characters of the AMD Organizational Code. For example, the AMD Organizational Code for the Command Suite will be 00F0000000, however, only 00F0000 will be entered into SPMS.

10. SPMS Organizational Codes required for labor reporting that are not used on the command's AMD will be entered with a letter in the seventh character (beginning with 'A' and incremented sequentially (i.e. A, then B, then C, etc). Reasons that a command will need SPMS Organizational Codes that are not on the command's AMD include:

a. Providers are assigned to outpatient clinics, however, will also need to report labor to an inpatient codes. The Internal Medicine Clinic staff is assigned to the Organizational Code 03IN0000. If an Internal Medicine patient is admitted, when the provider(s) see the patient on the ward (i.e. making rounds), he/she would charge their time to the Internal Medicine Inpatient Code (FCC AAAA) - 03IN00A.

b. Functions that are combined for AMD purposes but may consist of several productive labor Job Order Numbers (JONs). For example, the Command Suite would be comprised of the Commanding Officer (CO), Executive Officer (XO), Command Master Chief (CMC) and their immediate staffs (Admin Assistants/Secretaries); however, the CMC has a different labor

JON (1A11) than the CO/XO (1A10). The two SPMS Organizational Codes would be: 00F0000 - Command Suite and 00F000A - Command Master Chief

c. Maintaining SPMS Assignments: Once this new structure is operational in SPMS, activities need to move personnel assignments in SPMS by changing both the organization code and the UIC/BSC. Maintaining SPMS will keep people aligned with the billet structure of the AMD. This process will ease the transition to DMHRSi.

11. Further assistance in implementing and maintaining organization code structure can be obtained from the following points of contact.

NMSC Manpower Department via email at STDORG@nmsc.med.navy.mil or via phone at the numbers listed below.

CDR J. Myers

Comm: (904) 542-7200 ext 8285

DSN: 942-7200 ext 8285

Mrs. Gail Epstein

Comm: (904) 542-7200 ext 8115

DSN: 942-7200 ext 8115

Mr. Scott Schuler

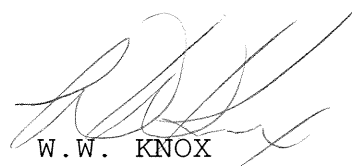
Comm: (904) 542-7200 ext 8131

DSN: 942-7200 ext 8131

Mr. Hal Rothert

Comm: (904) 542-7200 ext 8226

DSN: 942-7200 ext 8226


W.W. KNOX
Deputy Chief
Human Resources